

FLORENCE POLICE DEPARTMENT RECORDS REQUEST

Name of Requesting Individual

Date of Request

Address, City, State, ZIP

Contact Phone Number

If requesting party is an employee of Law Enforcement or Justice Agency, please fill in below.

Agency

Badge #

Unit #

This section is to be filled out if requesting copy of police report. If requesting multiple reports, list additional information on back of page.

Name of Individual Involved

Date of Birth

Location of Incident

Date/Time of Incident

Type of Incident

Case #

This section is to be filled out if requesting a background check on an individual.

Name

DOB

Race

Sex

SSN #

SID #

FBI #

AKA NAME

AKA DOB

Name

DOB

Race

Sex

SSN #

SID #

FBI #

AKA NAME

AKA DOB

Purpose of Request:

☐ Personal ☐ Criminal Investigation ☐ Employment Check ☐ Commercial

If Commercial, what will it be used for: _____